



ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802

APPLICATION FOR MEDICAL LICENSURE IN ARKANSAS and Centralized Credentials Verification Service

www.armedicalboard.org

Medicine/Surgery Osteopathic Medicine/Surgery Education License

1. Name Dallas Wayne Johnson Social Security #
(Legibly Print full Legal Name)

2. Name as listed on your Driver's License or Passport: Dallas Wayne Johnson

3. Address P.O. Box 2468 Fairfax, VA 22031-2468

4. Address you wish license to be mailed
2362 Oak Lane Orange, TX 77632

5. Phone (Res.) (713) 256-0396 (Work) (202) 741-2554 (Fax) n/a (email)

6. Male Female Birth Date Birth Place Shreveport, LA Race: W
If born outside of U.S., how long have you lived in U.S. Years Months. Are you a citizen of U.S. yes no
If yes, and foreign born, attach proof of citizenship. If no, indicate your status with U.S. Immigration
(Attach copy of Visa/Work Permit)

7. ECFMG Certificate # N/A Date Issued N/A

8. Intended practice location in Arkansas Little Rock Give name and address of hospital, clinic, group or private:
UAMS, College of Medicine, Dept of OBG 4301 W. Markham St, Little Rock, AR 72205

9. Specialty Obstetrics and Gynecology Subspecialty Femal Pelvic Medicine and Reconstructive Surgery
Board Certified (Date) 11/12/93 Board Certified (Date) N/A
Recertification 12/31/05 Recertification

10. Drug Enforcement Administration Number BJ 8065686 State TX Expiration Date 12/31/08
State Controlled Substance License Number 90126592 State TX Expiration Date 4/30/06
State Controlled Substance License Number CS03-13247 State DC Expiration Date 10/31/06

Submit a copy of your DEA Registration Card and State Controlled Substance License to this office

11. UPIN # E41378 Medicaid Provider # 1284010-02 Medicare Provider # 8471KO
Accept Medicaid Patients? Yes No Accept Medicare Patients? Yes No

12. Professional Liability Insurance (CURRENT Carrier Name,)
Policy # Date of Expiration Amount of Coverage
Send enclosed form to your insurance carrier and have them return directly to this office.

13. Medical School. Date Graduate 5 Mo 30 Day 1987 Yr Degree MD

	Name of Institution	Address	Date from	Date to
1 st Year	Texas Tech Univ School of Medicine	3601 4th St, Lubbock, TX 79430	8/10/83	6/30/84
2 nd Year	" " " " " "	" " " " " "	7/1/84	6/30/85
3 rd Year	" " " " " "	" " " " " "	7/1/85	6/30/86
4 th Year	" " " " " "	" " " " " "	7/1/86	5/30/87

Have Verification of Medical Education Form and an official Transcript mailed directly to this office.

FOR USE OF SECRETARY ONLY

License No. E 4925 Application received 4-14-06
Name Dallas Wayne Johnson, MD. Fees \$500.00 Date 4-14-06
Application for License through endorsement by FLEX License issued 8/4/2006
Application Declined Fees returned 20

RECEIVED
2006 APR 14 AM

NOTE: Application must be legible and completed in INK or Typed

14. Post Graduate Training (list chronologically). Send Enclosed Verification Form – Refer to Instruction Sheet

Name of Institution	Address	Type of Program	Dates From/To	Completed? Yes/No
University of Arizona	1501 Campbell Rd, Tucson, AZ	OBG Internship	7/1/87-4/30/88	Yes
Texas Tech University	4800 Alberta Ave, El Paso, TX	OBG Residency	7/1/88-4/30/91	Yes

15. Fellowships (list chronologically). Send Enclosed Verification Form – Refer to Instruction Sheet

Name of Institution	Address	Type of Program	Dates From/To	Completed? Yes/No
Baylor College of Medicine	1 Baylor Circle, Houston, TX	Urogynecology	7/1/00-4/30/03	Yes

16. Circle which licensing exam you have taken: USMLE NBME **FLEX** NBOME COMLEX LMCC
 - or -

State Board Examination – State _____ Year _____ (Taken prior to 1975 only)

17. Have you taken the SPEX exam in the last five years? _____ Yes X No If yes, have certified copies of scores mailed directly to this office.

18. Military Service? X Yes _____ No If yes, which Branch? USMC, USAR

Dates of Service USMC 6/72-9/81 USAR 3/83-7/96 Attach copy of separation papers and have records sent from Military Personnel Records Center. (See Instruction Sheet and Verification form.)

19. List all states/countries in which you have or have had a medical license. Have verification of each license mailed directly to this office. Send enclosed verification of Licensure Form. (Form may be copied if necessary.)

State/Country	License #	Date Issued	Active Y/N	State/Country	License #	Date Issued	Active Y/N
Texas	H-4441	5/05	Y				
D.C.	MD034531	10/03	Y				
Maryland	D61788	5/04	Y				

20. Professional References/Recommendations: Have three reference/recommendation letters mailed from their offices directly to this office. These cannot be current partners or related to you. They must have worked with you and directly observed your professional performance in the recent past. At least one of these references/recommendations must have had organizational responsibility for supervising your performance (i.e. department chief, service chief or training program director).

Name	Address	Association
John Larsen, MD	GWU, Dept of OBG Washington, DC 20037	Chairman of Dept
Paul Fine, MD	Baylor College of Med, Dept of OBG Houston, TX 77030	Fellowship Director
Robert Zurawin, MD	" " " " " " " " " "	Fellowship faculty

21. Professional Activities

List in chronological order all your professional activities, institutional affiliations or places of employment since graduation from Medical School. This includes hospitals, teaching institutions, HMO's, private practice, corporations, military assignments, government agencies, and Locum Tenens assignments. Exclude Residency and Fellowship. You may attach additional sheets after completing this section, if space is not sufficient. Do not submit curriculum vitae (CV) in lieu of completing this section.

From	To	Status	Location & Complete Address	Position
7/91	10/92	Inactive	CIGNA Healthplan, Dallas 6100 Harry Hines Blvd. Dallas, TX 75235	Staff physician
7/91	10/99	Inactive	St. Paul Medical Center 5909 Harry Hines Blvd. Dallas, TX 75235	Attending physician
11/92	11/99	Inactive	Private Practice 1600 W. College St. Grapevine, TX 76051	Solo practitioner
11/92	3/98	Inactive	Harris Methodist HEB Hospital 1600 Hospital Parkway Bedford, TX 76022	Attending physician
9/93	3/98	Inactive	Baylor Medical Center, Grapevine 1605 W. College St. Grapevine, TX 76051	Attending physician
11/99	06/00	Inactive	JCNationwide 1150 Hammond Drive Suite A-1200 Atlanta, GA 30328	Staff Physician
7/03	9/03	Inactive	Dept of OBG Baylor College of Medicine 1709 Dryden, Suite 1100 Houston, TX 77030	Staff Attending
10/03	3/06	Inactive	George Washington Univ Medical Faculty Associates 2150 Pennsylvania Ave, NW Washington, DC 20037	Director, Division of Female Pelvic Medicine and Reconstructive Pelvic Surgery
10/03	present	Active	George Washington University Hospital 900 23rd St, NW Washington, DC 20037	Attending physician

- Please review this list carefully. If there are gaps in your chronological history you are required to provide a brief explanation. Send enclosed Verification Hospital/Clinic forms to each facility. (See Instruction Sheet)
- Complete all forms in black or blue ink ONLY.

Attach explanation of any "yes" answers. Refer to Instruction Sheet for the following questions.

YES NO

- | | | |
|--|-----|-----|
| 22. Have you ever failed a licensing exam? Where? _____ Explain. | ___ | X |
| 23. Has your application for examination or licensure ever been rejected, denied or withdrawn? | ___ | X |
| 24. Has any medical licensing board ever placed your license on probation, suspension or has it revoked a license or certificate it had granted you? If yes, list name and address of board.
_____ | ___ | X |
| 25. Have you ever been ordered to appear before a state medical board for any reason other than licensure? | X | ___ |
| 26. Have disciplinary procedures ever been initiated toward you by either a medical board or hospital? Explain. | X | ___ |
| 27. Have your privileges at any hospital been denied, suspended, diminished, voluntarily or involuntarily relinquished, revoked or not renewed, or is any such action pending? | X | ___ |
| 28. Have you ever voluntarily surrendered your license in any state? | ___ | X |
| 29. Have you ever been charged or convicted (including a plea of nolo contendere) of a misdemeanor or felony? | ___ | X |
| 30. Have you ever been denied provider participation in any state or Federal Medicaid program? | ___ | X |
| 31. Have you ever previously made application to the Arkansas State Medical Board? | ___ | X |
| 32. Have you ever been warned, censured by, or requested to withdraw from, any hospital in which you have trained, been a staff member or held hospital privileges? If yes, explain. | ___ | X |
| 33. Have you ever been disciplined or dismissed from any professional activity or training program? Have you ever received a warning, reprimand, or been placed on probation during an internship, residency or fellowship program? If yes, explain. | X | ___ |
| 34. Have you ever, voluntarily or involuntarily, left a training institution program before completing it? If yes, explain. | ___ | X |
| 35. Have you ever been reported to the National Practitioners Data Bank or subject to NPDB adverse action report? | X | ___ |
| 36. Have you resigned or surrendered clinical privileges from any medical staff while under investigation for possible incompetence or improper professional conduct, or in return for such an investigation not being conducted? | ___ | X |
| 37. Have you ever been denied membership, renewal thereof, or been subject to disciplinary action in any medical organization, or is any such action pending? | ___ | X |
| 38. Have you ever been terminated, sanctioned, penalized or had to repay money to any State Medicaid or Federal Medicaid programs? If yes, name state _____ | ___ | X |
| 39. Have any malpractice claims been filed against you? If yes, provide official documentation from your attorney or insurance company.
a. _____
b. _____
c. _____
d. _____ | X | ___ |
| 40. Have you ever been cited by a peer review organization? Explain
Give the name and address of the organization _____ | ___ | X |
| 41. Have you ever had to discontinue practice for any reason for a period longer than one month? If yes, explain. | ___ | X |
| 42. Have you been, or are you presently, being treated for alcoholism, or substance abuse? If yes, was this voluntary or the result of a medical board action? Explain. | ___ | X |
| 43. Have you been, or are you presently, being treated for a mental health condition? If "Yes", was this voluntary or the result of a medical board action? Explain. | ___ | X |
| 44. Do you currently, or have you had, any physical or mental health condition, including alcohol or drug dependency, which with or without accommodation, affects or is reasonably likely to affect your ability to practice medicine or to perform professional or medical staff duties appropriately? | ___ | X |

Dallas Wayne Johnson, MD

YES NO

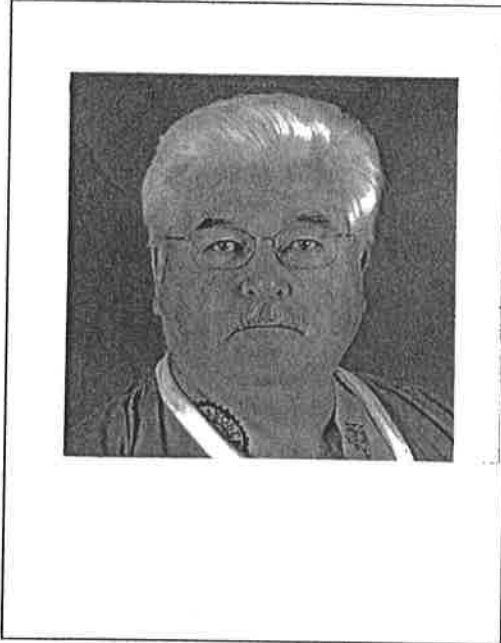
45. Have you ever had a DWI? How many? _____ Date(s) occurred _____ YES NO
46. Have you ever been treated for drug or substance abuse outside a hospital setting? Explain. _____ YES NO
47. Have you ever been treated for drug or substance abuse in a treatment center or hospital? Give name of institution, date and length of stay? _____ YES NO
48. Are you currently being, or have you ever been, monitored by a Physician Health Committee in any state? If yes, give state(s) _____ Ask your treating physician to send documentation of your status. YES NO
49. Have you ever been rejected by a medical society? _____ YES NO
50. Has your license to practice medicine or Drug Enforcement Administration registration in any jurisdiction been denied, reduced, limited, suspended, revoked, placed on probation, not renewed voluntarily, or involuntarily relinquished, or is any such action pending? If yes, explain. _____ YES NO
51. Have you ever defaulted on any Health Education Assistance Loan? If yes, explain. YES NO
52. To your knowledge, are you currently the subject of an investigation by any licensing board as of the date of this application? If yes, explain. _____ YES NO

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If, during the application process, you become aware of any such investigation, you are required to report it to this office.

AFFIDAVIT OF APPLICANT

I, Dallas W. Johnson MD, certify after being sworn, that all of the information supplied in the foregoing application is true, correct, current and complete to the best of my knowledge, that the photograph submitted herein is a true likeness of myself and was taken within sixty (60) days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation or denial of any license to practice medicine granted to me, and criminal prosecution to the fullest extent of the law.



Dallas W Johnson
Applicant's Signature (in INK)

3/10/06
Date Signed

Sworn to and subscribed before me this 10th
day of March, 20 06.

My Commission Expires: January 31, 2010.

Nitu Saini
Signature of Notary Public

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

OmniSimmons MD
Angela Smart
David C. Johnson MD
Elizabeth H Dennis
William F Dudding
C. S. Jolley MD

Nitu Saini
By [Signature]
Anne Britton
J Bell

26 July 2006

Activity during the following periods:


6/1/1987 – 6/30/1987: Moving from Texas to Tucson, AZ and vacation.

11/20/1999 – 12/29/1999: Moving to another house in Dallas/Ft. Worth area, vacation and divorce proceedings.

2/26/2000 – 6/30/2000: Moving from Dallas to Houston, vacation, preparing to begin fellowship.

9/2/2003 – 10/7/2003: Moving from Houston to Washington, D.C., vacation.

Since submitting my CV on 4/14/2006 there have been no changes.


Dallas W. Johnson, MD

2006 APR 14 AM 9:55

**CURRICULUM VITAE
DALLAS W. JOHNSON, M.D.**

**PERSONAL
INFORMATION:**

Place of birth: Shreveport, Louisiana
Address: 2150 Pennsylvania Ave, NW
Washington, DC 20037
Office - (202) 741-2554

EDUCATION:

2000 – 2003 Fellowship, Female Pelvic Medicine and
Reconstructive Surgery
Baylor College of Medicine
Houston, Texas

1988 – 1991 Residency, Obstetrics and Gynecology
Texas Tech University School of Medicine
Regional Academic Health Center
El Paso, Texas

1987 – 1988 Internship, Obstetrics and Gynecology
University of Arizona
University Medical Center
Tucson, Arizona

1983 – 1987 Texas Tech University School of Medicine
Lubbock, Texas
M.D.

1975 – 1978 Loyola Marymount University
Los Angeles, California
J.D.

1968 – 1972 United States Naval Academy
Annapolis, Maryland
B.S., Operations Analysis

LICENSES:

Texas H-4441; District of Columbia MD034531; Maryland D0061788
DEA BJ8065686.

BOARD

CERTIFICATION: American Board of Obstetrics and Gynecology – November 1993

PROFESSIONAL EXPERIENCE:

2006 AP 14 AM 9: 55

- 2003 – present Assistant Professor and Director, Division of Urogynecology and Reconstructive Pelvic Surgery, The George Washington University Medical Center, Washington, DC
- 1999 – 2000 OBG Locum tenens with J&C Nationwide, Inc.
- 1992 – 1999 Private practice, OBG, Dallas, Texas
- 1991 – 1992 Staff Physician, OBG, CIGNA, Dallas, Texas

MILITARY SERVICE:

- 1972 – 1981 Officer, United States Marine Corps
- 1984 – 1996 Officer, United States Army Reserve

PRESENTATIONS: Word, R.A., Richards, L, Odom, J., Johnson, D.W., Giles, H., BLOOD GLUCOSE, INSULIN, CORTISOL AND GROWTH HORMONE RELATIONSHIPS IN DIABETIC PREGNANCIES, presented before the Society of Perinatal Obstetricians, 1985.

Johnson, D.W., Callison, S., Fine, P.M., URINARY INCONTINENCE IN WOMEN THAT EXERCISE, presented before the American Urogynecologic Society, 2001.

PUBLICATIONS: Johnson, D.W., El-Hajj, M., O'Brien-Best, E., Miller, H., Fine, P., Necrotizing Fasciitis after Tension-Free Vaginal Tape (TVT) Placement, International Urogynecology Journal and Pelvic Floor Disorders, Vol. 14, No. 4, Oct 2003, p. 291-293.

Fine, P.M., Johnson, D.,: Vaginal Hysterectomy & Operations for Uterine Prolapse., Appell, R., Sand, P., Raz, S. (eds.): Female Urology, Urogynecology and Voiding Dysfunction, by MerceL Dekker, Chapter 39: pp. 545 – 560, January, 2005.

PROFESSIONAL SOCIETIES:

- American College of Obstetricians and Gynecologists, Fellow
- American Association of Gynecologic Laparoscopists
- American Urogynecological Society
- International Urogynecologic Society
- Society of Laparoendoscopic Surgeons
- Texas Association of Obstetricians and Gynecologists, Fellow

REFERENCES:

Paul M. Fine, MD
Associate Professor and Chief, Female Pelvic Medicine and
Reconstructive Surgery
Departments of OB/GYN
Baylor College of Medicine
1709 Dryden, Suite 1100
Houston, Texas 77030

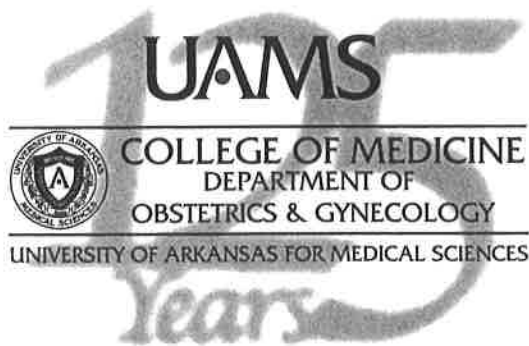
2006 APR 14 AM 9:55

Cheryl Iglesia, MD
Director of Urogynecology
Department of OB/GYN
Washington Hospital Center
106 Irving St., NW
Washington, DC 20010-2927

Robert K. Zurawin, MD
Chief, Pediatric and Adolescent Gynecology
Department of OB/GYN
Baylor College of Medicine
1709 Dryden, Suite 1100
Houston, Texas 77030

200617-9 11:23:04

Helen H. Kay, M.D.
Professor & Chair



Office of the Chair

4301 West Markham St., #518
Little Rock, AR 72205-7199

501-686-5380
501-603-1716 (fax)

www.uams.edu/com

hhkay@uams.edu

April 28, 2006

Arkansas State Medical Board

Re: Dallas W. Johnson, M.D.

To Whom It May Concern:

Dr. Dallas Johnson has been offered and has accepted a position in the Department of Obstetrics and Gynecology as Director of the Urogynecology Division, effective July 1, 2006.

Sincerely,

A handwritten signature in cursive script that reads "Helen H. Kay".

Helen H. Kay, M.D.
Professor and Chair

Philip J. DiSaia, M.D.
Orange, CA
President

Gerson Weiss, M.D.
Newark, NJ
Chairman

Mary C. Ciotti, M.D.
Sacramento, CA
Vice President

Larry C. Gilstrap, III, M.D.
Houston, TX
Treasurer

William Droegemueller, M.D.
Chapel Hill, NC
Director of Evaluation

Directors:

Bruce R. Carr, M.D.
Dallas, TX

Larry J. Copeland, M.D.
Columbus, OH

Sherman Elias, M.D.
Chicago, IL

Diane M. Hartmann, M.D.
Rochester, NY

Nicolette S. Horbach, M.D.
Annandale, VA

Frank W. Ling, M.D.
Memphis, TN

Roy T. Nakayama, M.D.
Honolulu, HI

Valerie M. Parisi, M.D., MPH
Galveston, TX

Stephen C. Rubin, M.D.
Philadelphia, PA

Nanette F. Santoro, M.D.
Bronx, NY

Robert S. Schenken, M.D.
San Antonio, TX

Russell R. Snyder, M.D.
Galveston, TX

Michael L. Socol, M.D.
Chicago, IL

Ralph K. Tamura, M.D.
Chicago, IL

George D. Wendel, Jr., M.D.
Dallas, TX

March 23, 2006

Credentialing/Medical Staff Office
Arkansas State Medical Board
2100 Riverfront Drive
Little Rock, AR 72202-1435

Reference: **Dallas Wayne Johnson, M.D.**
ABOG #918220

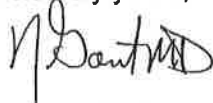
Dear Administrator:

The above referenced physician is a **Diplomate** of the American Board of Obstetrics & Gynecology, Inc. (ABOG) certified in the 1993 examination and certificate renewed through the Annual Board Certification in 2003, 2004 & 2005 (expires 2006*).

This office responds to inquiries concerning the status of physicians in the certification process according to the following:

1. An individual is a registered graduate with ABOG when, at the time of application, ABOG rules that he/she has fulfilled the requirements to take the written examination.
2. An individual achieves active candidate status by passing the written examination. This status is limited to six years (five years for subspecialty) or three attempts to pass the oral examination. If active status has expired, it may be regained by repeating and passing ABOG's written examination.
3. An individual becomes a **Diplomate** of ABOG when he/she has fulfilled all requirements, has satisfactorily completed the written and oral examinations and has been awarded ABOG's certifying diploma. Diplomas issued prior to 1986 for basic Ob/Gyn and November 1987 for subspecialties are unlimited. Diplomas issued in 1986 for basic Ob/Gyn and November 1987 for subspecialties, as well as all subsequent dates, are valid for a maximum of 10 years.* The expiration date on a subspecialty diploma is the same as that of the Ob/Gyn diploma.

Sincerely yours,



Norman F. Gant, M.D.
Executive Director

* *Certificate(s) expires on December 31 unless otherwise specified.*

Norman F. Gant, M.D.
Executive Director

Alvin L. Brekken, M.D.
Assistant to the Executive Director

The Vineyard Centre
2915 Vine Street
Dallas, TX 75204
Phone (214) 871-1619
Fax (214) 871-1943

2006 MAR 27 4:10:58



ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802

www.amedicalboard.org

VERIFICATION OF MEDICAL EDUCATION

Texas Tech University School of Medicine

Name of Institution
3601 4th St

Street
Lubbock, Texas 79430

City State Zip

I, Dallas Wayne Johnson, M.D., have applied for a license to practice medicine in the state of Arkansas. As part of the application process, the Arkansas State Medical Board requires verification of my Medical Education.

I hereby authorize Texas Tech University School of Medicine its staff, or representative to provide the Arkansas State Medical Board any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named institution and/or person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the Arkansas State Medical Board, 2100 Riverfront Drive, Little Rock, Arkansas 72202. I understand completed forms returned to me will not be accepted for verification purposes.

Sincerely, Dallas W. Johnson
(Signature of Applicant)

Date of Birth 5 / 30 / 87
MO DAY YR

Social Security Number _____ Date of Graduation 5 / 30 / 87
MO DAY YR

For verification of MEDICAL EDUCATION ONLY
Please provide exact date.

The following section must be completed by the dean or registrar of the medical or osteopathic school and returned directly to the Arkansas State Medical Board. Verifications returned to the applicant will not be accepted. Do not complete if photograph is not attached. Any substitutions must contain all required information or it will not be accepted for verification purposes.

This certifies that Dallas Wayne Johnson
(Full name of applicant)

Enrolled in Texas Tech University Health Sciences Center School of Medicine
(Name of medical or osteopathic school)

on 08 / 01 / 1983 graduated 05 / 30 / 1987 with a degree in Medicine (MD)
MO DAY YR MO DAY YR

Further, the records of this institution indicate that the attached photograph
(Check one) Represents a true likeness of the above named applicant.
 Does not represent a true likeness of the above named applicant.

AN OFFICIAL SCHOOL TRANSCRIPT MUST BE RETURNED WITH THIS FORM

By Mike Smith
Signature of the dean or registrar (NO STAMPED SIGNATURES ACCEPTED)

Print or Type Name of dean/registrar Mike Smith, Registrar

Signed and the college Seal affixed on 03 / 13 / 2006
MO DAY YR

Phone (846) 743.2300 Fax (846) 743.3027
Medical school seal MUST be imprinted partially on photograph.



SEAL

RECEIVED

MAR 13 2006



ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802

www.arkmedicalboard.org

VERIFICATION OF POSTGRADUATE TRAINING

Name of Program Director: James Maciulla, MD
 Name of Institution: University of Arizona College of Medicine, Arizona Health Sciences Center, Dept of OBG
 Address: 501 N. Campbell Ave
 City: Tucson, AZ State: AZ Zip: 85724

Dallas Wayne Johnson, have applied for a license to practice medicine in the State of Arkansas. As part of the application process, the Arkansas State Medical Board requires a reference from the program director of each ACGME accredited Postgraduate Training program to which I have been appointed.

I hereby authorize Arizona Health Sciences Center, Dept of OBG, its staff, or representative to provide the Arkansas State Medical Board any and all information requested below, whether such information is favorable or unfavorable, and I hereby release them from any and all liability the above named institution and for person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the Arkansas State Medical Board, 2100 Riverfront Drive, Little Rock, Arkansas 72202. I understand that completed forms returned to me will not be accepted for verification purposes.

Sincerely, Walter W. Johnson, MD
 (Signature of Applicant)
 Date of Birth: _____ Social Security Number: _____

For verification of POSTGRADUATE TRAINING please provide exact date(s). The following section must be completed by the Program Director or his/her representative and returned directly to the Arkansas State Medical Board. Verifications returned to the applicant will not be accepted. DO NOT USE SIGNATURE STAMPS.

I am pleased to certify that Dallas W. Johnson is a graduate of University of Arizona

and commenced postgraduate training (internship/residence/clinical fellowship) in _____

Obstetrics & Gynecology
 and completed (check one) successfully unsuccessfully such training on 6.30.1988

anticipated graduation date on _____

Internship: Name of Dept./Dates OB/GYN - 7.1.1987 thru 6.30.1988

Residency: Name of Dept./Dates _____

Fellowship: Name of Dept./Dates _____ Clinical Research

Name or Legibly Print Name: Melissa Stray Signature: [Signature]

Date Signed: 3.13.2006
 Title: Clerkship Coordinator

Phone No. 520 626 6636 Fax No. 520 626 2514

COMMENTS: _____
 (Attach additional sheet if needed.)

List the reason for unsuccessful completion in Comments or attach a letter of explanation. *Circle one.

Form may be copied

2006 MAR 20 AM 11:2
 RECEIVED
 ASMB



ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802

www.amedicalboard.org

VERIFICATION OF POSTGRADUATE TRAINING

Jose L. Gonzalez, MD
 Name of Program Director
Texas Tech Regional Academic Health Center, Dept of OBG
 Name of Institution
4800 Alberta Ave
 Street
El Paso, Texas 79905
 City State Zip

I, Dallas Wayne Johnson, have applied for a license to practice medicine in the State of Arkansas. As part of the application process, the Arkansas State Medical Board requires a reference from the program director of each ACGME accredited Postgraduate Training program to which I have been appointed.

I hereby authorize TTUHSC, RAHSC El Paso, Dept of OBG its staff, or representative to provide the Arkansas State Medical Board any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named institution and for person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the Arkansas State Medical Board, 2100 Riverfront Drive, Little Rock, Arkansas 72202. I understand that completed forms returned to me will not be accepted for verification purposes.

Sincerely, Dallas W. Johnson MD
 Date of Birth _____ Social Security Number: _____

For verification of POSTGRADUATE TRAINING Please provide exact date(s). The following section must be completed by the Program Director or his/her representative and returned directly to the Arkansas State Medical Board. Verifications returned to the applicant will not be accepted. **DO NOT USE SIGNATURE STAMPS.**

This is to certify that Dallas W. Johnson MD, a graduate of Texas Tech University-Lubbock commenced postgraduate training (residence) in Obstetrics/Gynecology-Texas Tech 4800 Alberta El Paso Tx 79905

on 7 / 1 / 88 and completed (check one) successfully **unsuccessfully such training on 6 / 30 / 91.
MO DAY YR MO DAY YR

or anticipated graduation date on _____
 Internship- Name of Dept./Dates University of Arizona Medical School Tucson
 Residency- Name of Dept./Dates Texas Tech University El Paso from 7/1/88 to 6/30/91-OBGYN Dept
 Fellowship-Name of Dept./Dates _____ Clinical Research

Type or Legibly Print Name: Jose Luis Gonzalez, MD Signature: [Signature]
 Date Signed 3/13/06
 Title Residency Program Director
 Tel No. (915) 545 6714 Fax No. (915) 545 0901

COMMENTS: _____
(Attach additional sheet if needed.) *Circle one.

During medical school, I borrowed \$7,500 from the Texas State Rural Medical Education Board (State Rural). I also had educational loans from other programs administered by the State of Texas including Hinson-Hazelwood and HEAL. Following medical school graduation during my residency training the repayment on these loans was deferred. After completion of residency, I began repayment on all loans and, by report from State Rural, repaid \$22,000 to them. In 2000 I began three years of fellowship training at Baylor College of Medicine (BCM) in Houston, Texas. The financial aid office at BCM informed me that I could defer my medical student loan repayments because of my training status as a clinical fellow. I completed and submitted the appropriate documents for the deferment. The Coordinating Board that oversees health professions financial aid in Texas informed me that my request for deferment had been approved. About the same time, I received a letter from State Rural that they were about to declare me in default because I was not paying on the loan to them. I returned to the BCM financial aid office where I was assured the proper documents had been submitted and there was no reason to believe the deferment would not be forthcoming. I heard nothing further until after I completed my fellowship in 2003. I received a coupon booklet from the Coordinating Board and began to make timely payments. I believed the payments were covering all the loans I had through the State of Texas. Early in 2006 I applied for a medical license in Arkansas and as part of that process requested a copy of my medical school transcript. In April 2006 I learned for the first time State Rural had placed a hold on my transcript in 2001 secondary to a judgment they acquired against me for nonpayment on the loan I had with them. It should be noted that I was in fellowship training at the time the judgment was acquired and between 2001 and the present I had no information that a problem existed. During this time I purchased two new automobiles and a home. I acquired two additional medical licenses. I maintained my Texas medical license as well as my Texas driver's license and automobile registration and I examined my credit report. Never was there any mention of this matter. However, upon learning of the problem I paid the full amount due of \$29,978.19. The matter is closed and the hold on my transcript was withdrawn. I have requested a letter from the Office of the Attorney General of the State of Texas be sent to the Arkansas State Medical Board confirming satisfactory closure of this matter.


Dallas W. Johnson, MD



OFFICE *of the* ATTORNEY GENERAL
GREG ABBOTT

2006 JUN -5 11:11:46
May 31, 2006

ARKANSAS STATE MEDICAL BOARD
ATTENTION LAUREL J MILLS
2100 RIVER FRONT DRIVE
LITTLE ROCK AR 72202

RE: Dallas Wayne Johnson MD
SRMEB
AG File Number C 91129657
Cause Number GV000859

Dear Ms. Mills :

This letter is being sent to you at the request of Dr. Johnson.

In regards to the above referenced account a check representing payment in full has been received. Therefore, our judgment liability against Dr. Johnson is satisfied.

Accordingly, Dr. Johnson's SRMEB Student Loan case with this office, is closed.

Thank you very much for your assistance in this matter.

Sincerely,

Rose Fitzgerald
Investigator
Bankruptcy & Collections Division 008
PO Box 12548
Austin, Texas 78711-2548
(512) 475-4559
FAX: (512) 482-8341



ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202 • (501) 296-1802 • FAX (501) 603-3555
www.armedicalboard.org

Peggy Pryor Cryer
Executive Secretary

Board Members:

W. Ray Jouett, M.D.
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Little Rock, AR

Orman W. Simmons, M.D.
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Harrison, AR

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C.E. Tommey, M.D.
El Dorado, AR

Alonzo D. Williams, Sr., M.D.
Little Rock, AR

James E. Zini, D.O.
Mountain View, AR

Legal Counsel:

William H. Trice, III
425 West Capitol Avenue
Suite 400
Little Rock, AR 72201
(501) 372-4144

May 4, 2006

Jose L Gonzalez, MD
Texas Tech University
Department of Obstetrics-Gynecology
4800 Alberta Avenue
El Paso, TX 79905

Re: Dallas Wayne Johnson, M.D.
DOB: 07/30/1946
SSN: 450-74-0415

Dear Dr. Gonzalez:

The above named physician is applying for a medical license in the state of Arkansas. According to Dr. Johnson, he was placed on 30 days of probation in 1990.

Would you please provide the Board with his training records during his Residency period and an explanation directed to the Board as to why he was placed on probation? This information is necessary in order to further his application for license.

I am enclosing a copy of Dr. Johnson's signed Authorization and Release.

If you have any questions you can contact me at 501-296-1804 or via email at ljm@armedicalboard.org.

Sincerely,

Laurel J. Mills
Licensing Coordinator

Enclosures
LJM

May 25, 2006

Arkansas State Medical Board
2100 Riverfront Drive
Little Rock Arkansas 72202

To Whom It May Concern,

I am enclosing a letter explaining Dr. Johnson's probation letter explanation by the Designated Institutional Officer Dr. Manual Schydlower as he was a resident from 1988 to 1991 and I only have partial access to his record.

Sincerely,



Jose L. Gonzalez, M.D.
Residency Program Director
Texas Tech University El Paso

JLG/igj

Texas Tech Medical Center
4800 Alberta Avenue
El Paso, Texas 79905

2006/11/30 11:12:36



El Paso

Office of Medical Education
PHONE (915) 545-6600
FAX (915) 545-9731

July 31, 2001

Dear Ms. Watson:

This is in reply to your request for information on Dr. Dallas Wayne Johnson. Dr. Johnson's Graduate Medical Education (GME) file indicates that he was a resident at our institution from July 1, 1988 until June 30, 1991. His GME file notes that during a one-month probationary period, he was to have faculty supervision on all forcep delivery.

Dr. Johnson's GME file also includes a letter from Dr. Joseph Sakakini, Jr., M.D., Professor and Associate Chairman, Department of Obstetrics and Gynecology which notes:

"Dr. Dallas Johnson also came to our program as a second year resident after completing his internship at the University of Arizona Medical School in Tucson. Dr. Johnson is a graduate of Texas Tech Medical School.

Dr. Johnson successfully progressed during the residency training program; however, he also had some difficulties with patient management. Subsequently, he was placed on probation for one month as a senior resident and after this did subsequently improve remarkably in his interpersonal relationships with both the residents and patients. He successfully completed all the requirements for graduation as an obstetrician/gynecologist and graduated on June 30, 1991. He plans to enter practice in Dallas, Texas to be near his family. He successfully completed the written board exam in June of 1991."

The above information is based on review of files and not my personal knowledge of Dr. Johnson.

Sincerely,

Manuel Schydlower, M.D.
Assistant Dean/ Medical Education
TTUHSC-El Paso



ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802

www.amedio@board.org

VERIFICATION OF POSTGRADUATE TRAINING

Paul Fine MD
 Name of Program Director
Baylor College of Medicine, Dept of OBG
 Name of Institution
1709 Dryden Rd.
 Street
Houston, Texas 77030
 City State Zip

I, Dallas Wayne Johnson, have applied for a license to practice medicine in the State of Arkansas. As part of the application process, the Arkansas State Medical Board requires a reference from the program director of each ACGME accredited Postgraduate Training program to which I have been appointed.

I hereby authorize Baylor College of Medicine Dept of OBG, its staff, or representative to provide the Arkansas State Medical Board any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named institution and/or person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the Arkansas State Medical Board, 2100 Riverfront Drive, Little Rock, Arkansas 72202. I understand that completed forms returned to me will not be accepted for verification purposes.

Sincerely, Dallas W. Johnson MD

Date of Birth: MO DAY YR Social Security Number: _____

For verification of POSTGRADUATE TRAINING
 Please provide exact date(s).

The following section must be completed by the Program Director or his/her representative and returned directly to the Arkansas State Medical Board. Verifications returned to the applicant will not be accepted. **DO NOT USE SIGNATURE STAMPS.**

This is to certify that Dallas Johnson, a graduate of Baylor College of Medicine commenced postgraduate training (*internship/residence/clinical fellowship) in Female Pelvic Medicine and Reconstructive Surgery

on 06.30.03 and completed (check one) successfully unsuccessfully such training on _____

or anticipated graduation date on _____

- Internship- Name of Dept./Dates _____
- Residency- Name of Dept./Dates _____
- Fellowship- Name of Dept./Dates Obstetrics and Gynecology 07/00-06/03

Type or Legibly Print Name: Amy E. Young Signature: [Signature]
 Date Signed: July 19, 2006
 Title: Program Director
 Tel. No. 713 798-5505 Fax No. 713 798-5000

COMMENTS: _____
 *List the reason for unsuccessful completion in Comments or attach a letter of explanation. *Circle one.

2006 01 05 16:16

MEDICAL FACULTY ASSOCIATES

THE GEORGE WASHINGTON UNIVERSITY

JOHN W. LARSEN, MD, FACOG, FACMG
OSCAR I. AND MILDRED S. DODEK PROFESSOR
CHAIRMAN

BOARD CERTIFIED IN:
OBSTETRICS AND GYNECOLOGY
MATERNAL/FETAL MEDICINE
MEDICAL GENETICS

January 5, 2006

Arkansas State Medical Board
Attention: Licensing Department
2100 Riverfront Drive
Little Rock, AR 72202

Re: Dallas Johnson, MD

This is written to support the application of Dr. Dallas Johnson for an Arkansas medical license. I am the Chairman of the Department of Obstetrics and Gynecology at The George Washington University. Dr. Johnson has been a full-time faculty member since October 2003. He is currently relocating to Arkansas to be nearer to his aging mother.

Dr. Johnson has taught and practiced urogynecology and female pelvic medicine and reconstructive surgery as well as participated in the faculty coverage of the residents at the University Hospital. Dr. Johnson has been a dignified congenial colleague and a good role model for the residents. He has been particularly excellent at teaching a wide range of newer laparoscopic techniques applicable to gynecology.

I recommend Dr. Johnson without reservation.

Sincerely,



John W. Larsen, MD

PAUL M. FINE, M.D.
5121 Oak Court
Dickinson, TX, 77539
(888) 781-2745
pfine@bcm.tmc.edu

January 19, 2006

To Whom It May Concern
Arkansas State Medical Board
2100 Riverfront Drive
Little Rock, Arkansas 72202-1435

RE: Dallas Wayne Johnson, M.D.

This letter is in support of the application of Dallas Wayne Johnson for a Arkansas medical license. I have known Dr. Johnson professionally and personally for six years. I was his Urogynecology Fellowship Director at Baylor College of Medicine. He is of high moral and professional character. He is a competent and skilled urogynecologist seeking to relocate in your state. Please contact me for any additional required information.

Yours truly,



Paul M. Fine, M.D.

RECEIVED
ASMB
2006 JAN 23 AM 11:04



Texas Children's Hospital

Director, Pediatric and Adolescent Gynecology
Minimally Invasive Surgery
Chief of Gynecology

2006177-3 12:49

BCM
Baylor College of Medicine

ROBERT K. ZURAWIN, M.D.
Associate Professor

Department of Obstetrics and Gynecology
Division of Gynecology

BAYLOR CLINIC
6620 MAIN STREET, SUITE 1450
HOUSTON, TEXAS 77030-2305

Phone: (713) 798-6666
Fax: (713) 798-8897
E-mail: rzurawin@bcm.edu

April 17, 2006

Laurel Mills
Arkansas State Medical Board
2100 Riverfront Drive
Little Rock, AR 72202-1435

RE: Dallas Johnson

To Whom It May Concern:

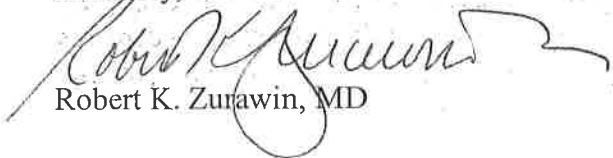
It is my pleasure to provide a letter in support of Dr. Dallas Johnson, who is applying for a state license in Arkansas. I have known Dr. Johnson for the past six years since he came to Baylor College of Medicine to undertake his fellowship in Urogynecology and Pelvic Reconstructive Surgery. I worked with Dr. Johnson in the capacity of his attending physician, both at the Ben Taub General Hospital, our public charity hospital, and also at St. Luke's Episcopal Hospital – our private hospital. I personally observed Dr. Johnson in many surgical cases as well as in his interaction with patients, staff, medical students and residents.

Dr. Johnson has always shown exemplary integrity and responsibility. His care of patients was flawless. He always kept careful records, rounded on his patients regularly, and managed complicated problems with ease. He was comfortable in the operating room and was an outstanding teacher, graciously sharing his time and knowledge with others. I never saw him raise his voice or become angry at anyone and treated the nurses with respect. I wish I could say this about everyone.

Dr. Johnson was the first candidate in our fellowship in Urogynecology and Pelvic Reconstructive Surgery, and as such he helped blaze the path for others to follow by initiating patterns of referral, staffing clinics, and developing a teaching program for the residents. The fellows who have followed him all owe a debt of gratitude to the hard work that Dr. Johnson put forth.

I can recommend Dr. Johnson without any reservation. It is a pleasure to have him as a colleague. Please feel free to contact me if I can provide any additional information.

Sincerely,



Robert K. Zurawin, MD



Texas Medical Board

Mailing Address: P.O. Box 2018 • Austin, Tx 78768-2018
Phone (512) 305-7010

20051171 -1 PM12

ARKANSAS STATE MEDICAL BOARD
SUITE #200
2100 RIVERFRONT DR
LITTLE ROCK, AR 72202-1793

April 26, 2006

For: ARKANSAS STATE MEDICAL BOARD

In response to a recent request, we verify the following information:

Physician: DALLAS WAYNE JOHNSON, MD
License: H4441
Date Issued: 12/06/1988
Licensed by: Examination
Date of Birth: 1946
Medical School: TEXAS TECH UNIV HLTH SCI CTR, LUBBOCK
Graduation Year: 1987
Permit Expires: 05/31/2007

Registration Status:

This is to certify that the above-named physician is licensed to practice medicine in Texas.

Disciplinary Status:

The board has not filed any formal complaints or statements of charges against this physician.

Investigation Status:

If any information is available, it has been attached to this letter.

If you have any further questions, please contact the Verification division

Sincerely,

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health



Health Professional
Licensing Administration

2006 MAY -8 AM 11:07
RECEIVED
ASHB

Dear Sir or Madam:

This is to certify the following information, maintained in the records of the Department of Health Board of MEDICINE, for the below referenced Health Care Practitioner:

Name: DALLAS W. JOHNSON
License Type: MEDICINE AND SURGERY
License Number: MD034531
Original Licensure Date: 09/26/2003
Expiration Date: 12/31/2006
Obtained By: Waiver of Examination
License Status: Active
Other: LOYOLA MARYMOUNT UNIVERSITY
05/01/1978
TEXAS A&M UNIVERSITY
TEXAS TECH UNIVERSITY SCHOOL OF MEDICINE 05/20/1987
UNITED STATES NAVAL ACADEMY 06/01/1972
UNIVERSITY OF TEXAS

Unless stated below, there is **no** disciplinary action pending nor has any been taken.

NOTE: _____ If this blank has been checked, disciplinary action has been taken.
(See attached copies.)

Sincerely,

James R. Granger, Jr.
Executive Director

D.C. Boards of Medicine and Chiropractic

SEAL

Certified By: Janelle Daniels
Title: Health Licensing Specialist
Date: May 1, 2006

RECEIVED
A.S.M.B.
2006 JUL 13 AM 11:21

MARYLAND BOARD OF PHYSICIANS
P.O. Box 2571
4201 Patterson Avenue
Baltimore, MD 21215-0095
(410) 764-4777
Fax (410) 358-2252

July 1, 2006

Requested by: ARKANSAS STATE MEDICAL BOARD

The following is available under the Maryland Public Information Act, State Government Article, Section 10-617(h), regarding the following practitioner:

JOHNSON, DALLAS WAYNE
9150 HERMOSA DRIVE
FAIRFAX, VA 22031

License Number: D0061788
Date Issued: May 25, 2004
Current Status: Active
Expiration Date: September 30, 2006
Medical School: TX TECH UNIV HLTH SCI CTR SCH OF MED
Licensed By: FLEX 1 and 2 Passed Within 5 Years
Specialty:
Charges:
Disciplinary Actions: NONE
No Maryland Health Claims Arbitration Office malpractice claims filed since July 1, 1986



Verification Clerk

07/01/2006

Date

This is a computer generated form which is acceptable by other states.
Licensing examination scores should be requested directly from the examining authority.



Arkansas State Medical Board
2100 Riverfront Drive
Little Rock, AR 72202-1793
Phone: (501) 296-1802
Fax: (501) 296-1972
www.armedicalboard.org

Fax

To: Jennifer Siguenza, CPCS	From: Laurel Mills
Fax: 214-645-1767	Date: May 4, 2006
Phone: 214-645-1764	Pages: 3
RE: Dallas Wayne Johnson, M.D.	CC:

Urgent
 For Review
 Please Comment
 Please Reply
 Please Recycle

This office is in receipt of Verification of Hospital/Clinic Affiliation for Dr. Johnson. You indicated that he took a Leave of Absence. Can you please provide information to the Board as to why he took this LOA?

I have attached a copy of his signed Authorization and Release.

If you have any questions, please contact me at 501-296-1804 or via email at ljm@armedicalboard.org.

Sincerely,

Laurel J. Mills

Laurel J. Mills

Licensing Coordinator

No information on file
regarding his L.O.A.

Jennifer.

5 May 2006

Arkansas State Medical Board
2100 Riverside Drive
Little Rock, Arkansas 72202

Dear Ms. Mills:

Ft. Duncan Hospital and Quinten Burdick Hospital were the only places I worked when employed by JCNationwide. JCNationwide is in the process of a corporate purchase and I did not know if they would be able to supply you with that information. When I contacted them, they seemed disorganized and minimally functional. I believe it is JCNationwide's responsibility to provide verification of my assignments.

I took a leave of absence from St. Paul Medical Center when I left for my fellowship at Baylor College of medicine as I thought I might return to the Dallas area.

I hope this is satisfactory.

Sincerely,



Dallas W. Johnson, MD

RECEIVED
ASHB
2006 MAY 22 AM 10:53



2006 NY

ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802

www.armedicalboard.org

ARKANSAS RULES AND REGULATIONS AFFIDAVIT

I, Dallas W. Johnson on this date, 28 April 2006
(Type or Print Name)

do affirm that I have read the Medical Practices Act, Arkansas Code 17-95-101, *et seq.*, and the Rules and Regulations of the Arkansas State Medical Board.

Signed: Dallas W. Johnson
(Physician's Signature)

Date: 4/28/06

THIS IS A REQUIREMENT FOR LICENSURE. YOU MUST COMPLETE THIS FORM AND RETURN IT TO:
ARKANSAS STATE MEDICAL BOARD
ATTN: LICENSING
2100 RIVERFRONT DRIVE
LITTLE ROCK, AR 72202-1435

2006 APR 14 AM 9:55

JOHNSON, DALLAS W MD
4112 EAST 29TH ST
STE 101

BRYAN TX 77802 - 0000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BJ8065686	12-31-2008	PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	12-13-2005
JOHNSON, DALLAS W MD 4112 EAST 29TH ST STE 101		
BRYAN	TX	77802-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BJ8065686	12-31-2008	PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	12-13-2005
JOHNSON, DALLAS W MD 4112 EAST 29TH ST STE 101		
BRYAN	TX	77802-0000

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (7/05)

TEXAS CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIMINAL LAW ENFORCEMENT DIVISION, NARCOTICS SERVICE
CONTROLLED SUBSTANCES REGISTRATION, PO Box 4087, Austin, Texas 78773

DPS REGISTRATION NUMBER

90126592

DATE EXPIRES

04/30/2006

FEE PAID

PAID

SCHEDULES

(2, 2N, 3, 3N, 4, 5)

BUSINESS ACTIVITY

PRACTITIONER

DATE ISSUED

04/13/2005

REGISTERED NAME AND ADDRESS

DALLAS WAYNE JOHNSON MD
4112 EAST 29TH STREET SUITE 101
BRYAN TX 77802

THE TEXAS CONTROLLED SUBSTANCES ACT, CHAPTER 481 OF THE HEALTH AND SAFETY CODE, PROVIDES THAT THE TEXAS DEPARTMENT OF PUBLIC SAFETY MAY DENY A CONTROLLED SUBSTANCES REGISTRATION OR THAT A CONTROLLED SUBSTANCES REGISTRATION MAY BE SUSPENDED OR REVOKED.



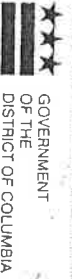
THIS REGISTRATION IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY AND NOT VALID AFTER THE EXPIRATION DATE.

CERTIFICATE MUST BE READILY RETRIEVABLE AT ALL TIMES

NAR-79 (9-96)

2006 APR 14 AM 9:56

RECEIVED



GOVERNMENT
OF THE
DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH
HEALTH CARE REGULATION AND LICENSING ADMINISTRATION
HEALTH REGULATION ADMINISTRATION
51 N STREET, NE, ROOM 6033
WASHINGTON, DC 20002

**CERTIFICATE
OF
LICENSURE OR REGISTRATION
REGISTRANT**

DALLAS W JOHNSON MD
GM UNIV MED WFA DEPT OF OB GYN
2150 PENNSYLVANIA AV NW
WASHINGTON DC

CERTIFICATE NUMBER
20037

CS03-13247

BUSINESS ACTIVITY
PRACTITIONER-PHYSICIAN
SCHEDULES

H. H. H. III, III N. IV, V
District Address: 2150 PENNSYLVANIA AVE NW

ISSUE DATE
10/31/2005

EXPIRATION DATE
10/31/2006

This certificate applies only to the registrant listed herein and is not transferable on change of ownership, control, location, or business activity.

2006 APR 14 AM 9:56

RECEIVED



GOVERNMENT
OF THE
DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH
HEALTH CARE REGULATION AND LICENSING ADMINISTRATION
HEALTH REGULATION ADMINISTRATION
51 N STREET, NE, ROOM 6033
WASHINGTON, DC 20002

**CERTIFICATE
OF
LICENSURE OR REGISTRATION**
REGISTRANT

DALLAS W JOHNSON MD
GW UNIV MED MFA DEPT OF OB GYN
2150 PENNSYLVANIA AV NW
WASHINGTON DC

20037

CERTIFICATE NUMBER

C503-13247

BUSINESS ACTIVITY

PRACTITIONER-PHYSICIAN
SCHEDULES

H, II, N, III, III N, IV, V

District Address: 2150 PENNSYLVANIA AVE NW

ISSUE DATE

10/31/2005

EXPIRATION DATE

10/31/2006

This certificate applies only to the registrant listed herein and is not transferable on change of ownership, control, location, or business activity.

2006 MAR 20 PM 9:03

Arkansas State Medical Board



Certificate

No. 4925

Under and pursuant to the provisions of "an Act to Regulate the Practice of Medicine and Surgery" approved May 6th, 1909, this Board hereby Authorizes and Licenses

Ballaz Eugene Johnson, M.D.

to practice Medicine and Surgery in the State of Arkansas.

He has complied with all the requirements of the law and this certificate is granted upon

Endorsement and is issued attesting the entry of his name upon the

Register of Accredited Physicians

His testimony inhereof are herewith affixed our signatures and the seal of the Board this fourth day of August, two thousand and six.

August 7, 1911, M.D.

William H. M.D.

June Britton

John E. Bell, M.D.

David D.

Robert H. Dennis

W. Ray Johnson
Chairman

Executive Secretary

David C. Johnson, M.D.

Turner Johnson, M.D.

W. H. M.D.

John E. Bell, M.D.

June Britton, M.D.

Robert H. Dennis, M.D.



RECEIVED
2006 JUL -7 PM 12:21

ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802

www.amedicalboard.org

VERIFICATION OF HOSPITAL/CLINIC AFFILIATION

CIGNA Healthplan, Dallas
Name of Institution
6161 Harry Hines Blvd
Street
Dallas, TX 75235
City State Zip

I, Dallas Wayne Johnson (M.D.) D.O., have applied for a license to practice medicine in

the state of Arkansas. As part of the process, the Arkansas State Medical Board requires verification from each hospital/clinic in which I have or have had Hospital/Clinic Privileges or Employment.

I hereby authorize CIGNA Healthplan, Dallas (Name of Hospital), its staff, or representative to provide the Arkansas State Medical Board any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named institution and/or person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the Arkansas State Medical Board, 2100 Riverfront Drive, Little Rock, AR, 72202. Completed forms returned to me will not be accepted for verification purposes. They must be mailed directly to the Arkansas State Medical Board office.

Sincerely, Dallas W. Johnson, MD

Date of Birth: MO DAY YR Social Security Number

For verification of HOSPITAL, CLINIC or EMPLOYMENT AFFILIATION. Please provide exact dates.

The following section must be completed by the hospital administrator or his/her representative and returned directly to the Arkansas State Medical Board. Any substitution must contain the same information and be mailed directly to the state board or it will not be accepted for verification purposes. Form must be signed.

I, DANA FRANKLIN SEGLER, M.D. (Print Full Name) state that the above named physician has/had the following staff privileges (Circle One): Courtesy Active Staff Temporary - Other , at our hospital/clinic from 07/01/91 to 10/31/92. Indicate the scope of Clinical Privileges, if any: FULL PRIVILEGES, ACTIVE MEMBER OB-GYN DEPT.

During the stated period of time, the clinical privileges of this individual (check one) Were Were not denied, revoked, suspended, limited, reduced, not renewed or relinquished (whether by resignation or expiration, voluntarily or involuntarily).

Based on his/her performance, he/she (check one) Would Would not be recommended for medical staff reappointment at this facility.

If for any reason the requested data regarding the above physician cannot be verified, please briefly explain or attach additional sheet
SEE ATTACHED APPENDUM

*Note: Breaks in privileges should be listed as separate entries. If the physician was there on/off as a locum tenens, contract physician or was moonlighting, a listing of each time period the physician had privileges at your facility should be listed or a separate sheet detailing to/from dates should be attached to this document, or copies of this form should be copied for each.

DANA FRANKLIN SEGLER, M.D.
Type or Legibly Print Name (DO NOT USE SIGNATURE STAMPS)
Dana F. Segler, MD
Signature
CIGNA/DALLAS OB/GYN DEPT CHAIR 1991-1992
Title
7-2-06 07 02 2006
Enter Date Signed MO DAY YR
(817) 279-0808
Telephone Number Fax Number

Addendum to Affiliation Verification
of
Dallas Wayne Johnson, M.D.

I was chairman of the Obstetrics/Gynecology department of Cigna Healthplan of Dallas during the years 1991 and 1992. I supervised a department of five Obstetrician/Gynecologists covering 4 Staff model clinics in the Dallas metropolitan area. Dr. Dallas Johnson was hired by Cigna and began full time employment July 1, 1991.

The internal OB/Gyn Department of Cigna Healthplan in Dallas was closed in October, 1992 and the employment of all department physicians including Dr. Johnson and myself was ended.

Please do not hesitate to contact me if further information is necessary.

Dana Franklin Segler
9628 Airpark Drive
Granbury, TX 76049

Texas Medical License D2590

817 279-0808

Dana Franklin Segler, M.D.



2005-17-17 11:15

ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802

www.armedicalboard.org

VERIFICATION OF HOSPITAL/CLINIC AFFILIATION



St. Paul Medical Center
Name of Institution
5909 Harry Hines Blvd.
Street
Dallas TX 75390-9227
City State Zip

I, Dallas Wayne Johnson (M.D./D.O.), have applied for a license to practice medicine in

the state of Arkansas. As part of the process, the Arkansas State Medical Board requires verification from each hospital/clinic in which I have or have had Hospital/Clinic Privileges or Employment.

I hereby authorize St. Paul Medical Center (Name of Hospital), its staff, or representative to provide the Arkansas State Medical Board any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named institution and/or person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the Arkansas State Medical Board, 2100 Riverfront Drive, Little Rock, AR, 72202. Completed forms returned to me will not be accepted for verification purposes. They must be mailed directly to the Arkansas State Medical Board office.

Sincerely, Dallas W. Johnson MD

Date of Birth _____ Social Security Number _____

For verification of HOSPITAL, CLINIC or EMPLOYMENT AFFILIATION. Please provide exact dates.

The following section must be completed by the hospital administrator or his/her representative and returned directly to the Arkansas State Medical Board. Any substitution must contain the same information and be mailed directly to the state board or it will not be accepted for verification purposes. Form must be signed.

I, Jennifer Siguenza, CPCS (Print Full Name) state that the above named physician has/had the following staff privileges (Circle One): Courtesy - Active Staff - Temporary - Other Resigned (LOA) at our hospital/clinic from 11/22/91 to 11/19/99.
MO DAY YR MO DAY YR
Indicate the scope of Clinical Privileges, if any: OB/GYN

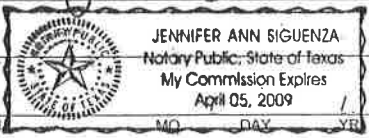
During the stated period of time, the clinical privileges of this individual (check one) Were Were not denied, revoked, suspended, limited, reduced, not renewed or relinquished (whether by resignation or expiration, voluntarily or involuntarily).

Based on his/her performance, he/she (check one) Would Would not be recommended for medical staff reappointment at this facility.

If for any reason the requested data regarding the above physician cannot be verified, please briefly explain or attach additional sheet.

*Note: Breaks in privileges should be listed as separate entries. If the physician was there on/off as a locum tenens, contract physician or was moonlighting, a listing of each time period the physician had privileges at your facility should be listed or a separate sheet detailing to/from dates should be attached to this document, or copies of this form should be copied for each.

Type or Legibly Print Name (DO NOT USE SIGNATURE STAMPS) J. Siguenza, CPCS 4/27/06
Signature
Title
Enter Date Signed _____
Telephone Number (214) 645 1764 Fax Number (214) 645 1767





ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802

www.arkmedicalboard.org

VERIFICATION OF HOSPITAL/CLINIC AFFILIATION

Harris Methodist HEB Hospital
 Name of Institution
1600 Hospital Parkway
 Street
Bedford TX 76022
 City State Zip

I, Dallas Wayne Johnson (M.D./D.O.), have applied for a license to practice medicine in

the state of Arkansas. As part of the process, the Arkansas State Medical Board requires verification from each hospital/clinic in which I have or have had Hospital/Clinic Privileges or Employment.

I hereby authorize Harris Methodist HEB Hospital, its staff, or representative to provide the Arkansas State Medical Board any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named institution and/or person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the Arkansas State Medical Board, 2100 Riverfront Drive, Little Rock, AR, 72202. Completed forms returned to me will not be accepted for verification purposes. They must be mailed directly to the Arkansas State Medical Board office.

Sincerely, Dallas W. Johnson MD

Date of Birth _____ Social Security Number _____

For verification of HOSPITAL, CLINIC or EMPLOYMENT AFFILIATION. Please provide exact dates.

The following section must be completed by the hospital administrator or his/her representative and returned directly to the Arkansas State Medical Board. Any substitution must contain the same information and be mailed directly to the state board or it will not be accepted for verification purposes. **Form must be signed.**

I, Vicki Tapp state that the above named physician has/had the following staff privileges
 (Circle One): Courtesy - Active Staff - Temporary - Other off staff at our hospital/clinic from 11 30 92 to 7 30 97
 MO DAY YR MO DAY YR
 Indicate the scope of Clinical Privileges, if any: OB/GYN

During the stated period of time, the clinical privileges of this individual (check one) Were Were not denied, revoked, suspended, limited, reduced, not renewed or relinquished (whether by resignation or expiration, voluntarily or involuntarily).

Based on his/her performance, he/she (check one) Would Would not be recommended for medical staff reappointment at this facility.

If for any reason the requested data regarding the above physician cannot be verified, please briefly explain or attach additional sheet.

***Note: Breaks in privileges should be listed as separate entries. If the physician was there on/off as a locum tenens, contract physician or was moonlighting, a listing of each time period the physician had privileges at your facility should be listed or a separate sheet detailing to/from dates should be attached to this document, or copies of this form should be copied for each.**

Vicki Tapp
 Type or Legibly Print Name (DO NOT USE SIGNATURE STAMPS)
Vicki Tapp
 Signature
Credentialing Coordinator
 Title
4-24-06
 Enter Date Signed MO DAY YR
(817) 355-7800 (817) 355-7805
 Telephone Number Fax Number



**JACKSON
& COKER**

2006 MAY 22 10:49

Jackson & Coker
3000 Old Alabama Road
Suite 119-808
Alpharetta, GA 30022

www.jacksoncoker.com
phone 800.272.2707
fax 770.730.2870

May 16, 2006

Arkansas State Medical Board

Ref: Dallas Wayne Johnson, MD
SS#: 450-74-0413
DOB: 01/01/1946

To Whom It May Concern:

Our records reflect **Dr. Johnson** was a locum tenens provider for Jackson & Coker at the following facilities attached. We are unable to provide an assessment of **Dr. Johnson's** work, as we have not seen him in a clinical setting.

The **Dr. Johnson** should be able to direct you to any other specific facilities where he/she performed in the context of Locum Tenens provider. Those specific facilities should be able to verify the information you need.

Sincerely,

Lydia Adkinson
Privileging Manager
800-272-2707 x2872
Fx#800-936-4562
ladkinson@jacksoncoker.com

Dallas Wayne Johnson, MD

Quentin-Burdick Mem Health
Po Box 160
Belcourt, ND 58316
(701) 477-6112
Intermittent dates

12/1999-06/2000

St. Mary's Clinic
607 Rio Grande
Eagle Pass, TX 78852
(830) 773-5169

12/29/99-02/29/00

RECEIVED
JUN 21 AM 11:04



ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802

www.arnmedicalboard.org

VERIFICATION OF HOSPITAL/CLINIC AFFILIATION

Baylor College of Medicine Dept of ORG
Name of Institution
1709 Dryden
Street
Houston, Texas 77030
City State Zip

I, Dallas Wayne Johnson (M.D./D.O.), have applied for a license to practice medicine in

the state of Arkansas. As part of the process, the Arkansas State Medical Board requires verification from each hospital/clinic in which I have or have had Hospital/Clinic Privileges or Employment.

I hereby authorize BCM Dept of ORG its staff, or representative to provide the Arkansas State Medical Board

any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named institution and/or person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the Arkansas State Medical Board, 2100 Riverfront Drive, Little Rock, AR, 72202. Completed forms returned to me will not be accepted for verification purposes. They must be mailed directly to the Arkansas State Medical Board office.

Sincerely, Dallas W. Johnson, MD

Date of F _____ Social Security Number _____

For verification of HOSPITAL, CLINIC or EMPLOYMENT AFFILIATION. Please provide exact dates.

The following section must be completed by the hospital administrator or his/her representative and returned directly to the Arkansas State Medical Board. Any substitution must contain the same information and be mailed directly to the state board or it will not be accepted for verification purposes. Form must be signed.

I, Stephanie Thompson state that the above named physician has/had the following staff privileges (Circle One): Courtesy - Active Staff - Temporary - Other _____, at our hospital/clinic from 07, 01, 03 to 09, 01, 03

Indicate the scope of Clinical Privileges, if any: _____

During the stated period of time, the clinical privileges of this individual (check one) Were Were not denied, revoked, suspended, limited, reduced, not renewed or relinquished (whether by resignation or expiration, voluntarily or involuntarily).

Based on his/her performance, he/she (check one) Would Would not be recommended for medical staff reappointment at this facility.

If for any reason the requested data regarding the above physician cannot be verified, please briefly explain or attach additional sheet.

*Note: Breaks in privileges should be listed as separate entries. If the physician was there on/off as a locum tenens, contract physician or was moonlighting, a listing of each time period the physician had privileges at your facility should be listed on a separate sheet detailing to/from dates should be attached to this document, or copies of this form should be copied for each.

Stephanie Thompson
Type or Legibly Print Name (DO NOT USE SIGNATURE STAMPS)
SJC Thompson
Signature
Academic Dept. Admin Coordinator
Title
07, 19, 2006
Enter Date Signed MO DAY YR
713, 798-5505 713, 798-5000
Telephone Number Fax Number

2006 MAY 03 PM 12:04

THE GEORGE
WASHINGTON
UNIVERSITY
HOSPITAL



May 2, 2006

Arkansas State Medical Board

To Whom It May Concern:

The George Washington University Hospital has received your request for information on the practitioner named below. Due to the large volume of requests received for verification of medical staff appointment, a standardized response is generated. The following verification is proffered by your request for **Dallas W. Johnson, M.D.:**

Department/Division: **Obstetrics & Gynecology**

Category: **Active**

Status: **Current**

Initial Appointment: **2/20/2004 (Temporary Privileges Effective 10/8/2003)**

Current Appointment: **11/15/2005 to 11/15/2007**

The practitioner referenced above is considered to be a member in good standing of the Medical Staff and has no limitations, restrictions or revocations on his/her privileges. The George Washington University Hospital is in compliance with JCAHO and the District of Columbia standards and regulations as they pertain to credentialing of our Medical Staff, including primary source verification of education and training, licensure, malpractice history and prior affiliations. Continued membership on our Medical Staff is contingent upon compliance with the Bylaws and Rules and Regulations of our Medical Staff, including satisfactory participation in duties and responsibilities, and adherence to the Hospital's standard of quality care.

If you have any questions call me at 202-715-4480.

Sincerely,

Phyllis Washington

Phyllis Washington
Administrative Assistant



ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802

www.amedicalboard.org

VERIFICATION OF HOSPITAL/CLINIC AFFILIATION

RECEIVED
FEB 20 AM 11:13

George Washington University Hospital
Name of Institution
900 23rd ST, NW
Street
Washington, DC 20037
City State Zip

I, Dallas Wayne Johnson, M.D./D.O., have applied for a license to practice medicine in

the state of Arkansas. As part of the process, the Arkansas State Medical Board requires verification from each hospital/clinic in which I have or have had Hospital/Clinic Privileges or Employment.

I hereby authorize George Washington University Hospital, its staff, or representative to provide the Arkansas State Medical Board any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named institution and/or person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the Arkansas State Medical Board, 2100 Riverfront Drive, Little Rock, AR, 72202. Completed forms returned to me will not be accepted for verification purposes. They must be mailed directly to the Arkansas State Medical Board office.

Sincerely, Dallas W. Johnson, MD

Date of Birth: / / Social Security Number:

For verification of HOSPITAL, CLINIC or EMPLOYMENT AFFILIATION. Please provide exact dates. The following section must be completed by the hospital administrator or his/her representative and returned directly to the Arkansas State Medical Board. Any substitution must contain the same information and be mailed directly to the state board or it will not be accepted for verification purposes. **Form must be signed.**

I, Phyllis Washington state that the above named physician has/had the following staff privileges (Circle One): Courtesy - Active Staff - Temporary - Other _____, at our hospital/clinic from 10/08/03 to 03/15/06 (Present) Indicate the scope of Clinical Privileges, if any: OB / GYN

During the stated period of time, the clinical privileges of this individual (check one) Were Were not denied, revoked, suspended, limited, reduced, not renewed or relinquished (whether by resignation or expiration, voluntarily or involuntarily).

Based on his/her performance, he/she (check one) Would Would not be recommended for medical staff reappointment at this facility.

If for any reason the requested data regarding the above physician cannot be verified, please briefly explain or attach additional sheet.

*Note: Breaks in privileges should be listed as separate entries. If the physician was there on/off as a locum tenens, contract physician or was moonlighting, a listing of each time period the physician had privileges at your facility should be listed or a separate sheet detailing to/from dates should be attached to this document, or copies of this form should be copied for each.

Phyllis Washington
Type or Legibly Print Name (DO NOT USE SIGNATURE STAMPS)
Phyllis S. Washington
Signature
Administrative Assistant
Title
3/15/06
Enter Date Signed MO DAY YR
(202) 715-4480 (202) 715-4477
Telephone Number Fax Number



ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802

www.arkmedicalboard.org

VERIFICATION OF HOSPITAL/CLINIC AFFILIATION

Fr. Duncan Regional Medical Center
Name of Institution
3933 N. Foster Maldonado Blvd.
Street
Eagle Pass, TX 78852
City State Zip

I, Dallas Wayne Johnson, M.D. (Print Full Name) (M.D./D.O.), have applied for a license to practice medicine in the state of Arkansas. As part of the process, the Arkansas State Medical Board requires verification from each hospital/clinic in which I have or have had Hospital/Clinic Privileges or Employment.

I hereby authorize Fr. Duncan Regional Medical Center, (Name of Hospital) its staff, or representative to provide the Arkansas State Medical Board any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named institution and/or person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the Arkansas State Medical Board, 2100 Riverfront Drive, Little Rock, AR, 72202. Completed forms returned to me will not be accepted for verification purposes. They must be mailed directly to the Arkansas State Medical Board office.

Sincerely, Dallas W Johnson, MD

Date of Birth / / MO DAY YR Social Security Number

For verification of HOSPITAL, CLINIC or EMPLOYMENT AFFILIATION. Please provide exact dates.

The following section must be completed by the hospital administrator or his/her representative and returned directly to the Arkansas State Medical Board. Any substitution must contain the same information and be mailed directly to the state board or it will not be accepted for verification purposes. Form must be signed.

I, ROMANA BESA (Print Full Name) state that the above named physician has/had the following staff privileges
 (Circle One): Courtesy - Active Staff - Temporary - Other Temporary at our hospital/clinic from 12, 30, 99 to 02, 15, 2000
MO DAY YR MO DAY YR
 Indicate the scope of Clinical Privileges, if any: OB/GYN

During the stated period of time, the clinical privileges of this individual (check one) Were Were not denied, revoked, suspended, limited, reduced, not renewed or relinquished (whether by resignation or expiration, voluntarily or involuntarily).

Based on his/her performance, he/she (check one) Would Would not be recommended for medical staff reappointment at this facility
 If for any reason the requested data regarding the above physician cannot be verified, please briefly explain or attach additional sheet.

*Note: Breaks in privileges should be listed as separate entries. If the physician was there on/off as a locum tenens, contract physician or was moonlighting, a listing of each time period the physician had privileges at your facility should be listed on a separate sheet detailing to/from dates should be attached to this document, or copies of this form should be copied for each.

ROMANA BESA
Type or Legible Print Name (DO NOT USE SIGNATURE STAMPS)
Romana Besa
Signature
Dir of Physician Services
Title
06, 28, 2006
Enter Date Signed MO DAY YR
830-757-7577 830-757-2997
Telephone Number Fax Number

RECEIVED
 2006 JUL -5 AM 10:14
 MSB



ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202-1435 (501) 296-1802

www.armedicalboard.org

VERIFICATION OF HOSPITAL/CLINIC AFFILIATION

Quentin N. Burdick Memorial Hospital
 Name of Institution
Main Street - P.O. Box 160
 Street
Belcourt, North Dakota 58316
 City State Zip

I, Dallas Wayne Johnson, M.D./D.O., have applied for a license to practice medicine in

the state of Arkansas. As part of the process, the Arkansas State Medical Board requires verification from each hospital/clinic in which I have had Hospital/Clinic Privileges or Employment.

I hereby authorize Quentin N. Burdick Memorial Hospital, its staff, or representative to provide the Arkansas State Medical Board any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named institution and/or person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the Arkansas State Medical Board, 2100 Riverfront Drive, Little Rock, AR, 72202. Completed forms returned to me will not be accepted for verification purposes. They must be mailed directly to the Arkansas State Medical Board office.

Sincerely, Dallas W. Johnson MD

Date of Birth / / Social Security Number

For verification of HOSPITAL, CLINIC or EMPLOYMENT AFFILIATION. Please provide exact dates.

The following section must be completed by the hospital administrator or his/her representative and returned directly to the Arkansas State Medical Board. Any substitution must contain the same information and be mailed directly to the state board or it will not be accepted for verification purposes. **Form must be signed.**

I, Richard L. Johnson, MD state that the above named physician has/had the following staff privileges
 (Circle One): Courtesy - Active Staff - Temporary - Other , at our hospital/clinic from 12/17/99 to 12/27/99.
 Indicate the scope of Clinical Privileges, if any: OB-GYN

During the stated period of time, the clinical privileges of this individual (check one) Were Were not denied, revoked, suspended, limited, reduced, not renewed or relinquished (whether by resignation or expiration, voluntarily or involuntarily).

Based on his/her performance, he/she (check one) Would Would not be recommended for medical staff reappointment at this facility.

If for any reason the requested data regarding the above physician cannot be verified, please briefly explain or attach additional sheet.

***Note: Breaks in privileges should be listed as separate entries. If the physician was there on/off as a locum tenens, contract physician or was moonlighting, a listing of each time period the physician had privileges at your facility should be listed or a separate sheet detailing to/from dates should be attached to this document, or copies of this form should be copied for each.**

Richard L. Larson
 Type or Legibly Print Name (DO NOT USE SIGNATURE STAMPS)
Richard Larson MD
 Signature
Acting Clinical Director
 Title
6/28/00
 Enter Date Signed MO DAY YR
(701) 477-8427 (701) 477-8408
 Telephone Number Fax Number

RECEIVED ASST'S 2005 JUL -3 11:05 AM



RECEIVED
2006 MAR 20 AM 11:19

AMA Physician Profile

Name and Mailing Address:

DALLAS W JOHNSON MD
PO BOX 2468
FAIRFAX VA 22031-0468

Primary Office Address:

2150 PENNSYLVANIA AVE NW
WASHINGTON DC 20037-3201

Phone: 1-713-798-1513

Birthdate:

Birthplace: SHREVEPORT, LA UNITED STATES OF AMERICA

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self Designated by the Physician*:

Primary Specialty: OBSTETRICS & GYNECOLOGY

Secondary Specialty: UNSPECIFIED

**Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.*

AMA membership: NON MEMBER

_____ All Information from this Point Forward is Provided by the Primary Source _____

Current and/or Historical Medical School:

TX TECH UNIV HLTH SCI CTR SCH OF MED, LUBBOCK TX 79430

Degree Awarded: Yes

Degree Year: 1987



AMA Physician Profile

Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".

Institution: UNIVERSITY MED CTR
Specialty : OBSTETRICS & GYNECOLOGY

State: ARIZONA
 07/1987 - 06/1988
 (VERIFIED)

Institution: TX TECH U HLTH SCI CTR
Specialty : OBSTETRICS & GYNECOLOGY

State: TEXAS
 07/1988 - 06/1991
 (VERIFIED)

Note: If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
MARYLAND	MD	05/25/2004	09/30/2006	ACTIVE	UNLIMITED	03/08/2006
DISTRICT OF COLUMBIA	MD	09/26/2003	12/31/2006	ACTIVE	UNLIMITED	10/25/2005
TEXAS	MD	12/06/1988	05/31/2007	ACTIVE	UNLIMITED	03/02/2006

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

ECFMG Certification:

Applicant Number:

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.



AMA Physician Profile

Federal Drug Enforcement Administration:

* Only the last three characters of active DEA number(s) are displayed.

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
XXXXXX686	22N 33N 4 5	12/31/2008	03/07/2006
XXXXXX004	22N 33N 4 5	12/31/2006	03/07/2006

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

Specialty Board Certification(s)*:

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and National Committee for Quality Assurance (NCQA).

Certifying Board: AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY

Certificate: OBSTETRICS & GYNECOLOGY

Certificate Type: GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	12/31/2005	12/31/2006	RE-CERT	03/08/2006
TIME LIMITED	12/31/2004	04/30/2006	RE-CERT	03/08/2006
TIME LIMITED	12/31/2003	04/30/2005	RE-CERT(**)	03/08/2006
TIME LIMITED	01/01/1993	12/31/2003	INITIAL(**)	03/08/2006

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2006 American Board of Medical Specialties. All rights reserved.

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.



AMA Physician Profile

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing
Attn: Credentialing Products
515 N. State Street
Chicago, IL 60610
800-665-2882
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.